

ATTACHMENT 5

Examples of requests for prior authorization for dental services

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:	
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Codes
9/1/03	9/30/03	Pre-HIPAA Prior Authorization Dental Request Form (PA/DRF) and instructions	<ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes.
9/30/03	10/14/03	Pre-HIPAA PA/DRF and instructions	<ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes.
10/14/03	11/1/03	Revised PA/DRF and instructions	<ul style="list-style-type: none"> • National nonmedical codes. • National medical codes.

For the following examples, the dental service to be received is a maxillary partial denture with resin base performed in the office.

For example, if both of the following are true:		Then use the following:		
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Place of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W7127	3
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W7127	3
10/14/03	11/1/03	Revised PA forms and instructions	D5211	11